

<b>Case Number:</b>	CM14-0030677		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55 year old with an injury date on 8/8/13. Patient complains of persistent cervical pain that radiates to the bilateral upper extremities with numbness/tingling per 12/9/13 report. Patient also has lower lumbar pain aggravated by bending, lifting, and walking multiple blocks per 12/9/13 report. Based on the 12/9/13 progress report provided by [REDACTED] the diagnoses are: 1. cervical radiculopathy 2. lumbar radiculopathy. Exam on 12/9/13 showed "C-spine restricted and painful. Dysesthesia at C6 and C7 dermatomes. Patient has tenderness in paravertebrals and spasm. L-spine has painful range of motion. Seated straight leg raise is positive. Dysesthesia at L5 dermatome." [REDACTED] is requesting prescription of Naproxen NA 550mg #120, prescription of Cyclobenzaprine HCL 7.5mg #120, prescription of Ondansetron ODT 8mg #60, prescription of Omeprazole DR 20mg #120, prescription of Tramadol HCL ER 150mg #90, and prescription for Terocin patch #30. The utilization review determination being challenged is dated 2/25/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/13/14 to 5/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Prescription of Naproxen Na 550mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal Anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MEDICATIONS FOR CHRONIC PAIN Page(s): 60-61.

**Decision rationale:** This patient presents with neck pain radiating to the upper extremities, and lower back pain. The treater has asked for prescription of naproxen NA 550mg #120 on 10/14/13. Review of reports does not indicate when patient began taking Naproxen, but 1/13/14 report states to "continue medications." Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to Acetaminophen, and chronic low back pain for short term symptomatic relief. MTUS page 22 states, "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." In this case, the patient does present with chronic low back pain. However the treater does not document efficacy, only stating to continue meds. MTUS page 60 require documentation of function and pain when medications are used for chronic pain. It is not medically necessary.

**Prescription of Cyclobenzaprine HCL 7.5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

**Decision rationale:** This patient presents with neck pain radiating to the upper extremities, and lower back pain. The treater has asked for prescription of Cyclobenzaprine HCL 7.5mg #120 on 10/14/13. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. It is not medically necessary

**Prescription of Ondansetron ODT 8mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Procedure Summary, Antiemetics (for opioid nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines, Pain chapter for: Ondansetron (Zofran®) Not recommended for nausea and vomiting secondary to chronic opioid use. See Antiemetics (for opioid nausea). ODG guidelines, Pain chapter for: Antiemetics (for opioid nausea).

**Decision rationale:** This patient presents with neck pain radiating to the upper extremities, and lower back pain. The treater has asked for prescription of Ondansetron ODT 8mg #60 on 10/14/13. Regarding Zofran, ODG does not recommended for nausea and vomiting secondary to chronic opioid use, but is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. In this case, the patient is not undergoing chemotherapy/radiation treatment, and does not have a diagnosis of gastroenteritis. This patient presents with nausea secondary to chronic opioid use for which Zofran is not indicated per ODG guidelines. It is not medically necessary.

**Prescription of Omeprazole DR 20mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

**Decision rationale:** This patient presents with neck pain radiating to the upper extremities, and lower back pain. The treater has asked for prescription of Omeprazole DR 20mg #120 on 10/14/13. Review of reports do not indicate when patient began taking Prilosec, but 1/13/14 report states to "continue medications." Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. Current list of medications do not include an NSAID. There are no documentation of any GI issues such as GERD, gastritis or PUD. The treater does not explain why this medication needs to be continued other than for presumed stomach upset. MTUS does not support prophylactic use of PPI without GI assessment. The patient currently has no documented stomach issues. It is not medically necessary.

**Prescription of Tramadol HCL ER 150mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (for chronic pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with neck pain radiating to the upper extremities, and lower back pain. The treater has asked for prescription of tramadol HCL ER 150mg #90 on 10/14/13. Review of reports do not indicate when patient began taking Tramadol. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side affects, and aberrant drug-seeking behavior. Review of the included reports do not discuss

opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Tramadol. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, it is not medically necessary.

**Prescription for Terocin Patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL MEDICINE Page(s): 111-113.

**Decision rationale:** This patient presents with neck pain radiating to the upper extremities, and lower back pain. The treater has asked for prescription for Terocin patch #30 on 10/14/13. Terocin patches are a dermal patch with 4% Lidocaine, and 4% Menthol. Regarding Lidocaine, MTUS supports for peripheral neuropathic pain that is localized. From the limited documentation provided, it appears this patient does not present with symptoms of peripheral neuropathy. Requested Terocin Patches would not be indicated for this case. It is not medically necessary.